



MAINE DEMOCRATIC PARTY

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Post Office Box 5258, 12 Spruce Street, Augusta, Maine 04332-5258

Phone (207) 622-6233 FAX 622-2657 e-mail: dems@maine.com APR 30 1997

April 30, 1997

Andrew J. Dodson, Reports Analyst
Federal Election Commission
999 E Street NW
Washington, DC 20463

Identification Number: C00179408

Dear Mr. Dodson:

Reference: 1997 October Quarterly Report

This letter is in response to your request for an amendment to the above named FEC report filed by the Maine Democratic State Committee. Attached please find the report amended as requested.

We have made corrections to the following Schedules:

Schedule A: See below reference: 1997 30 Day Post-General Report
Schedule A

Reference: 1997 12 Day Pre-General Report

We have made corrections to the following Schedules:

Schedule A: Clinton Gore '96 Committee's \$6,250 reported was incorrectly recorded on the detailed summary page. Of the \$6,250 \$4,500 were contributions from Clinton/Gore '96 \$1,750 were rent payments now reflected on Line 15

Schedule H4: We have amended the report to include;
A. The total EVENT-YEAR-TO-DATE amount for payments to all payees
B. The appropriate category boxes for payments have been checked

Schedule D: We have amended the report to reflect a credit from BCL as a payment in the period reported

Detailed Summary Page:

- A: We have provided the total for line 11(d), Column B
B: We have amended the total of 11 (a) (i) to reflect the total of \$17,100
-

Reference: 1997 30 Day Post-General Report

We have made corrections to the following Schedules:

Schedule A: Brennan for Senate was a US Senate Campaign whose contributions aggregate \$20,668.96. The additional 15,668.96 exceeding the limits set on for political committee of \$5,000.00 are excess campaign funds.

Schedule H-2: We have completed the H-2 to reflect:
A: Disbursements categorized as Exempt
B: Purpose of all Exempt expenditures

Schedule H-4: We have included the EVENT-YEAR-TO-DATE total to all payees

Reference: 1997 Year End Report

We have made corrections to the following Schedules:

Schedule H-4: We have included the EVENT-YEAR-TO-DATE total to all payees

Summary Page & Detailed Summary Page:

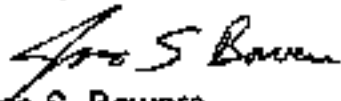
We have adjusted the totals to reflect changes made in previous amendments

Schedule D: We have amended the report to reflect the newly incurred debts

Schedule C: We have enclosed the appropriate page supporting the \$757 previously reported

Please let us know if you need any further clarifications.

Sincerely,



James S. Bowers
Treasurer



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20461

RQ-2

James S. Bowers, Treasurer
Maine Democratic State Committee
P.O. Box 5258
Augusta, ME 04332

APR 16 1997

Identification Number: C00179408

Reference: October Quarterly Report (7/1/96-9/30/96)

Dear Mr. Bowers:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek reattribution, transfer-out or refund the excessive amount will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

A handwritten signature in cursive script, reading "Andrew J. Dodson". The signature is written in dark ink and is positioned above the printed name.

Andrew J. Dodson
Senior Reports Analyst
Reports Analysis Division

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF
FOR LINE NUMBER

SCHEDULE A
ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Maine Democratic State Committee

Add

A. Full Name, Mailing Address and ZIP Code Brennan for US Senate PO Box 1565 Scarborough, ME 04074 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$	Date (month, day, year) 7-19-96	Amount of Each Receipt this Period 800.00
B. Full Name, Mailing Address and ZIP Code Brennan for US Senate PO Box 1565 Scarborough, ME 04074 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$	Date (month, day, year) 8-16-96	Amount of Each Receipt this Period 1650.00 1350.00
C. Full Name, Mailing Address and ZIP Code Baldacci for Congress PO Box 623 Bangor, ME 04402 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$	Date (month, day, year) 9-9-96	Amount of Each Receipt this Period 5000.00 Add
D. Full Name, Mailing Address and ZIP Code Brennan for US Senate PO Box 1565 Scarborough, ME 04074 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$	Date (month, day, year) 9-24-96	Amount of Each Receipt this Period 1200.00
E. Full Name, Mailing Address and ZIP Code Allen for Congress Committee PO Box 17766 Portland, ME 04112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$	Date (month, day, year) 9-27-96	Amount of Each Receipt this Period 2500.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

12,500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 3 OF 5
FOR LINE NUMBER
116

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MAINE DEMOCRATIC STATE COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOE BRENNAN FOR SENAT E 100 MIDDLE ST PORTLAND ME 04101		4/15/96 4/30/96	200.00 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,309.48	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
SUBTOTAL of Receipts This Page (optional)			1,309.48
TOTAL This Period (last page this line number only)			



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

James S. Bowers, Treasurer
Maine Democratic State Committee
P.O. Box 5258
Augusta, ME 04332

APR 13 1997

Identification Number: C00179408

Reference: 12 Day Pre-General Report (10/1/96-10/16/96)

Dear Mr. Bowers:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-On Schedule H4 supporting Line 21(a) of the Detailed Summary Page, you have failed to include the total EVENT YEAR-TO-DATE amount for a payment(s) to all payees. Please amend your report to include the missing EVENT YEAR-TO-DATE total(s). *

-On Schedule H4 supporting Line 21(a) of the Detailed Summary Page, you have failed to check the appropriate CATEGORY box for the payment(s) made to numerous payees. Please amend your report to disclose the appropriate category. *

-The outstanding balance of a debt owed to a creditor at the close of one report should be exactly the same as the outstanding balance beginning the period of the next report. This report shows beginning balances to BCL, Atkins Pring and Manpower, which are not identical to the ending outstanding balances for these creditors on the Amended October Quarterly Report. Please amend your report to clarify these discrepancies.

-Please provide the total(s) for Line 11(d), Column B of the Detailed Summary Page. Note that changes in your figures may affect your Column B totals on this report and/or on subsequent reports.

-Line 11(a)(i) of the Detailed Summary Page of your report discloses a total of \$16,600 in itemized contributions from individuals. The sum of the entries itemized on Schedule A, however, indicates the total to be \$17,100. Please amend your report to clarify the discrepancy.

-Schedule A of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(f) and 11 CFR §110.1(d) preclude a committee from receiving contributions from another political committee or person in excess of \$5,000 per calendar year.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with the clarifying information. If the contribution(s) you received exceeded the limits, you must seek reattribution of the contribution pursuant to 11 CFR §110.1(k), transfer-out the amount in excess of \$5,000 to an account not used to influence federal elections or refund the excessive amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all reattributions, transfers-out, and refunds should be made within sixty days of the treasurer's receipt of the contribution(s). In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of granting written authorization for a reattribution or transfer-out to another account or receiving a refund.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any reattributions should be reported as memo entries on Schedule A of the report covering the period during which the authorization for the reattribution is received. Any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report during which the transaction was made.

Although the Commission may take further legal action regarding the acceptance of an excessive contribution(s), prompt action by your committee to seek retribution, transfer-out or refund the excessive amount will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days

of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

A handwritten signature in black ink that reads "Andrew Dodson". The signature is fluid and cursive, with the first name "Andrew" and last name "Dodson" clearly legible.

Andrew J. Dodson
Senior Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 116/15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NORTH DEMOCRATIC STATE COMMITTEE

ADD

A. Full Name, Mailing Address and ZIP Code

Clinton Gore's Committee
PO Box 19584
WASHINGTON DC 20036Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date

10-1-96
10-2-96
10-1-964,500.00
875.00
875.00

B. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date

C. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date

D. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date

E. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date

F. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date

G. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)

10250.00

TOTAL This Period (last page this line number only)

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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5-1-97

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and Registration

DATE OF RECEIPT

☐ Received from the Senate Office of Public
Records

DATE OF RECEIPT

☐ Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT



PREPARER

5-8-97

DATE PREPARED